

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

09445374

## CLAIMS AS FILED - PART I

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 34 minus 20 = | * 14         |
| INDEPENDENT CLAIMS  | 4 minus 3 =   | * 1          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT A   | 4/24/06    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | * 34       | Minus                            | ** 34                              |
| Independent   | * 4        | Minus                            | *** 4                              |
| PRESENT EXTRA   |            |                                  |                                    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 150.00 | OR | BASIC FEE | 300.00 |
| X\$ 25=   |        | OR | X\$50=    |        |
| X100=     |        | OR | X200=     |        |
| +180=     |        | OR | +360=     |        |
| TOTAL     |        | OR | TOTAL     |        |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 25=          |                | OR | X\$50=           |                |
| X100=            |                | OR | X200=            |                |
| +180=            |                | OR | +360=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 25=          |                | OR | X\$50=           |                |
| X100=            |                | OR | X200=            |                |
| +180=            |                | OR | +360=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE    | ADDITIONAL FEE | OR | RATE   | ADDITIONAL FEE |
|---------|----------------|----|--------|----------------|
| X\$ 25= |                | OR | X\$50= |                |
| X100=   |                | OR | X200=  |                |
| +180=   |                | OR | +360=  |                |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT B   |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | *          | Minus                            | **                                 |
| Independent   | *          | Minus                            | ***                                |
| PRESENT EXTRA   |            |                                  |                                    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT C   |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | *          | Minus                            | **                                 |
| Independent   | *          | Minus                            | ***                                |
| PRESENT EXTRA   |            |                                  |                                    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |